## REQUEST FOR LIVE SCAN SERVICE

Reason for Application:  Agency Address Set Contributing Agency:  California Department of Justice Record Review Unit P.O. Box 903417 Sacramento, CA 94203-4170  Name of Applicant:  (Please print)  Last First  Date of Birth:  WT:  SEX:  Male  Female  Billing No. N/A  Applicant's Address:  EYE Color:  HAIR Color:  Yellow of Birth:  (State or Foreign Country)  Social Security Number:  California Driver's License No.  Daystime Telephone No.  MALING ADDRESS  (Employer Address)  Please list your mailing address from above, or if you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following:  Name:  Title	ORI: <b>CA0349435</b>	Type of Application: (check one) Record Review	DOJ Visa/Immigration Clearance Let  (Visa/Immigration, Letter of Good Conduct, Letter, Foreign Adoption)		
California Department of Justice Record Review Unit P.O. Box 903417 Sacramento, CA 94203-4170  Name of Applicant:  (Please print) Last First MI  AKA's: Last First Date of Birth: WT: HAIR Color: HAIR Color: Street or P.O. Box City, State and Zip Code  California Driver's License No.  Level of Service DOJ Only If Resubmission, list Original ATI No.  MALING ADDRESS (Employer Address) Please ilst your mailing address from above, or if you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following:  Name: Number Street Apt or Suite No.  Level of Service Doj Only State Number Daytime Telephone Namber  Tale Address: Number Street Apt or Suite No. Daytime Tolephone One other than yourself, or if you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following: Name: Number Street Number Date:  Number Date:  Live Scan Transaction Completed by: Name of Operator					
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Date of Birth: SEX: Male Female Billing No. WA  HT: MT: Applicant's Address:  EYE Color: HAIR Color: Street or P.O. Box  Place of Birth: (State or Foreign Country)  Social Security Number: California Driver's License No. Daytime Telephone Number  Level of Service DOJ Only If Resubmission, list Original ATI No.  MAILING ADDRESS  (Employer Address)  Please list your mailing address from above, or if you wish this record forwarded to someone other than yourself, or if you wish this record mailed to an address different from the one listed above, complete the following:  Name: Title  Address: Number Street Apt or Suite No.  Live Scan Transaction Completed by: Name of Operator  Name of Operator	(				
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Place of Birth:	EYE Color:	HAIR Color:	Street or D.O. Boy		
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Live Scan Transaction Completed by: Date:	Address: Number	Street	Apt or Suite No.		
Name of Operator	City	State	Zip Code		
	Live Scan Transaction	Completed by:Name of Operator	Date:		
	Transmitting Agency:	·	Amount Collected:		